

CAND Pay.gov Application for Refund (rev. 10/19)

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

PAY.GOV TRANSACTION DETAILS

IMPORTANT:

- Complete all required fields (shown in **red***); otherwise, your request may be denied and require resubmission.
- In fields **3-6**, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

1. Your Name:* George Jarvis (or J) Austin	7. Your Phone Number: (209) 915-6304
2. Your Email Address: * gaustin07@berkeley.edu	8. Full Case Number (if applicable): 3:20-cv-00800
3. Receipt Number:* 0971-15573426	9. Fee Type:* <div style="margin-top: 10px;"> <input type="checkbox"/> Attorney Admission <input type="checkbox"/> Civil Case Filing <input type="checkbox"/> FTR Audio Recording <input checked="" type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus </div>
4. Transaction Date:* 02/12/2021	
5. Transaction Time:* 5:33 pm	
6. Transaction Amount (Amount to be refunded):* \$ 180.00	
10. Reason for Refund Request:* Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> For a duplicate charge, provide the correct receipt number in this field. If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the open case). <p>0971-15567972 - \$100 - 2/11/21 - Document Number: 103 ; 0971-15573426 - \$180 - 2/12/21 - Document Number: 107 0971-15562283 - \$100 - 2/10/21 - Document Number: 102 ; 0971-15573281 - \$5 - 2/12/21 - Document Number: 106 0971-15552365 - \$100 - 2/09/21 - Document Number: 100 ; 0971-15568007 - \$15 - 2/11/21 - Document Number: 104 0971-15573273 - \$5 - 2/12/21 - Document Number: 105 All charges on same case in Plaintiff's name, and in Plaintiff's accounts, card's and name. (Total Amount to be refunded to Plaintiff \$505.00)</p>	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: cand.uscourts.gov/ecf/payments. For assistance, contact the ECF Help Desk at 1-866-638-7829 or ecfhelpdesk@cand.uscourts.gov Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Denied — Resubmit amended application (see reason for denial) </div>	<div style="text-align: right;"> Digitally signed by Ana Banares Date: 2021.05.10 19:07:35 -07'00' </div>
Approval/denial date:	Request approved/denied by: Ana Banares
Pay.gov refund tracking ID refunded:	Agency refund tracking ID number: 0971-
Date refund processed:	Refund processed by:
Reason for denial (if applicable): Please state the correct amount to be refunded (amount noted on #6 & #10 are diff). Fill out a separate form per incorrect receipt #. Please explain in detail what happened to cause the duplicate charge.	
Referred for OSC date (if applicable):	